

Resident Name \_\_\_\_\_

Date Completed \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Assisted Living Manager's Assessment

This form is to be completed by the Assisted Living Manager or their designee. Questions noted with an asterisk are "triggers" for awake overnight staff.

*Instructions: Record score in the blank next to each question.*

### Activities of Daily Living

- 13.\* \_\_\_\_\_ **Resident Eats**  
 0 Independently  
 1 With supervision, or set-up, or cuing and coaching  
 2 With physical assistance or use of adaptive devices, such as built up utensil, plate guard, or Geri-cup, to feed self  
 \*3 Must be fed or needs tube feeding
- 14.\* \_\_\_\_\_ **Resident's Mobility** (moves from place to place)  
 0 Independently  
 1 With supervision, or stand-by, or cuing and coaching  
 \*2 One-person physical assistance  
 \*3 Two-person physical assistance, or needs complete mechanical assistance (e.g., Hoyer Lift)
- 15.\* \_\_\_\_\_ **Resident Transfer to Bed, Chair, or Toilet**  
 0 Independently (or with assistive device)  
 1 With supervision, or stand-by or set-up, or cuing and coaching  
 \*2 One-person physical assistance  
 \*3 Two-person physical assistance, needs complete assistance
- 16.\* \_\_\_\_\_ **Bed Mobility** (how resident moves to and from lying position, turns side to side, and positions body while in bed)  
 0 Independently (or with assistive device)  
 1 With supervision, or stand-by or set-up, or cuing and coaching  
 \*2 One-person physical assistance  
 \*3 Two-person physical assistance, needs complete assistance
- 17.\* \_\_\_\_\_ **Resident Use of Stairs**  
 0 Independently (or with assistive device)  
 1 With supervision, or stand-by, or cuing and coaching  
 2 One-person physical assistance  
 3 Two-person physical assistance, or unable to use stairs
- 18.\* \_\_\_\_\_ **Resident Contenance**  
 0 Independently  
 \*1 With supervision, or stand-by or set-up, or cuing and coaching  
 \*2 Needs physical assistance from one other person  
 \*3 Incontinent, needs complete assistance
19. \_\_\_\_\_ **Resident Completes Bathing**  
 0 Independently  
 1 With supervision, or stand-by or set-up, or cuing and coaching  
 2 Needs physical assistance (e.g., help in and out of tub, washing hair)  
 3 Must be bathed, needs complete assistance or mechanical assistance (e.g., Hoyer Lift)
20. \_\_\_\_\_ **Resident Completes Grooming (teeth, make-up, shaving, hair)**  
 0 Independently  
 1 With supervision, or stand-by or set-up, or cuing and coaching  
 2 Needs physical assistance  
 3 Must be groomed, needs complete assistance

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21. \_\_\_\_\_ **Resident Gets Dressed/Changes Clothes**
- 0 Independently
  - 1 With supervision, or stand-by or set-up, or cuing and coaching
  - 2 With physical assistance
  - 3 Must be dressed, needs complete assistance

21(a) \_\_\_\_\_ Add scores for Items 13 - 21. Enter total in blank space at left.

**Instrumental Activities of Daily Living**

Note: Incapacities identified in this section do not imply services will be provided.

*Instructions: Check the letter that most closely reflects the resident's capabilities.*

22. **Resident Can Prepare Light Meal**
- A – Independent, plans and prepares adequate meals
  - B – With supervision, set-up, or cuing and coaching
  - C – One-person physical assistance
  - D – Unable to prepare meals
23. **Resident Can Do Light Chores**
- A – Independent
  - B – With supervision, set-up, or cuing and coaching
  - C – One-person physical assistance
  - D – Unable to do light chores
24. **Resident Can Do Shopping**
- A – Independent
  - B – With supervision or cuing and coaching (e.g., choosing items)
  - C – With one-person physical assistance/someone to go with them
  - D – Unable to do shopping
25. **Ability to Manage Finances**
- A – Family or resident manages all financial matters independently, writes checks, pays bills/rent, goes to bank
  - B – With supervision, writes checks, pays bills/rent, goes to bank
  - C – Manages day-to-day purchases, but needs help with purchases and banking
  - D – Unable to manage finances or handle money
26. **Transportation**
- A – Travels by self, all modes of transportation
  - B – Needs some assistance/escort
  - C – Complete assistance/needs specialized vehicle
27. **Resident Can Use Telephone**
- A – Independent
  - B – With assistance dialing/using directory
  - C – Unable to use telephone

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**Behaviors/Communication**

Does the resident exhibit any of the following behaviors? Check the appropriate box to indicate frequency of each behavior. For scoring purposes use the highest frequency noted. See the User's Guide for definitions of frequency.

**28. Withdrawn:** Frequency of behavior(s) (check appropriate response):

- A. Refuses to leave room  Never  Occasional  Regular  Continuous  
 B. Refuses to socialize with others  Never  Occasional  Regular  Continuous

Explain \_\_\_\_\_

**29.\* Wanders:** Frequency of behavior(s) (check appropriate response):

- A. Persistent moving/walking about without purpose  Never  Occasional  Regular  Continuous  
 B. Looks for non-existent place (former house/apartment/bus)  Never  Occasional  Regular  Continuous  
 \*C. Actively tries to leave facility  Never  Occasional  Regular\*  Continuous\*  
 D. Wanders during day  Never  Occasional  Regular  Continuous  
 \*E. Wanders in evening and/or at night  Never  Occasional  Regular\*  Continuous\*

Explain \_\_\_\_\_

**30.\* Sleep disturbance:** Frequency of behavior(s) (check appropriate response):

- \*A. Unable to sleep or agitated at night  Never  Occasional  Regular\*  Continuous\*  
 B. Frequently falls asleep during day  Never  Occasional  Regular  Continuous

Explain \_\_\_\_\_

**31.\* Verbally inappropriate:** Frequency of behavior(s) (check appropriate response):

- A. Uses foul language  Never  Occasional  Regular  Continuous  
 \*B. Sounds angry and threatens others  Never  Occasional  Regular\*  Continuous\*

Explain \_\_\_\_\_

**32.\* Disruptive behaviors:** Frequency of behavior(s) (check appropriate response):

- A. Yells  Never  Occasional  Regular  Continuous  
 B. Demands attention without regard to others  Never  Occasional  Regular  Continuous  
 \*C. Takes other's possessions  Never  Occasional  Regular\*  Continuous\*  
 \*D. Socially inappropriate behaviors (e.g., disrobes, urinates, or defecates in public)  Never  Occasional  Regular\*  Continuous\*  
 \*E. Sexually inappropriate behaviors (e.g., unwanted touching, public masturbation)  Never  Occasional  Regular\*  Continuous\*

Explain \_\_\_\_\_

**33.\* Combative behaviors:** Frequency of behavior(s) (check appropriate response):

- \*A. Throws objects indiscriminately  Never  Occasional  Regular\*  Continuous\*  
 \*B. Strikes out, kicks, or punches at others  Never  Occasional  Regular\*  Continuous\*  
 \*C. Pinches, bites, spits at others, scratches, or pulls hair  Never  Occasional  Regular\*  Continuous\*

Explain \_\_\_\_\_

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34.\* **Resistive/uncooperative behaviors:** Frequency of behavior(s) (check appropriate response):

- A. Refuses to wash  Never  Occasional  Regular  Continuous
- B. Refuses to eat  Never  Occasional  Regular  Continuous
- C. Refuses to drink  Never  Occasional  Regular  Continuous
- \*D. Refuses to care for self  Never  Occasional  Regular\*  Continuous\*
- E. Refuses to allow others to assist  Never  Occasional  Regular  Continuous
- F. Refuses medications  Never  Occasional  Regular  Continuous
- \*G. Refuses to comply with safety advice  Never  Occasional  Regular\*  Continuous\*

Explain \_\_\_\_\_

35.\* **Communication** (check and/or explain appropriate response):

- A. Communicates needs, ideas, & wishes  Unable\*  Sometimes Able\*  Usually  Always
- \*B. Unwilling to communicate needs/wishes  Never  Occasional  Regular\*  Continuous\*

Explain \_\_\_\_\_

36. **Eating patterns** and food preferences (check all that apply):

- Eats full meals  Eats only two meals  Eats small portions  Finger foods
- Eats only what they want, but maintains weight
- Eats only when they want  Supplements (type ordered) \_\_\_\_\_
- Prefers:  Fruit  Vegetables  Meats  Snacks or snack foods

Explain \_\_\_\_\_

**Daily Social and Recreational Needs**

37. **Resident Support System** (check all that apply):

- Resident has  Legal representative for health care decisions  Surrogate decision maker (family member/significant other)
- Family is local  Involved  Not involved
- Family lives out of area  Involved  Not involved
- Problems with family circumstances  Yes  No
- Problems with personal relationships  Yes  No

Explain \_\_\_\_\_

38. **Spiritual needs and status** \_\_\_\_\_

39. **Education/Work History** (check/complete all that apply):

- Did not complete high school
- Completed high school or GED
- College
- Lifetime or last occupation \_\_\_\_\_

40. **Interests/Hobbies:** \_\_\_\_\_

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41. **Activity Status** (interest and ability to participate in, check and explain):

A. Structured and group activities  Yes  No  Varies

Explain \_\_\_\_\_

B. Self-directed activities  Yes  No  Varies

Explain \_\_\_\_\_

42. **Current Daily Routine** (e.g., up in the morning, bedtime, normal sleep cycle prior to move in, meal time preferences)

43. **Interest/participation in programs away from facility** (e.g., Senior Centers, Adult Day Care, or Rehabilitation Programs)

Print Name of Person Completing Assessment: \_\_\_\_\_

Position of Person Completing Assessment: \_\_\_\_\_

Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Assessment